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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
GILES S. PORTER, M.D., Director

Weekly Bulletin

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Vol. X, No. 4 February 28, 1931 GUY P. JONES EDITOR

"Life and Death in 1930"

The above caption is the title of an address delivered by Dr. Harry W. Dingman, medical director of a Chicago life insurance company, which he presented at the twenty-fourth annual convention of the Association of Life Insurance Presidents, held in New York City in December of 1930. The business of life extension is important to life insurance executives, and Dr. Dingman's paper brings out many pertinent facts relative to the business side of activities that lead to the extension of human life. The following extracts from his paper present an interesting point of view with relation to the results of public health activities:

I. ACTUAL

The Association of Life Insurance Presidents allows me the gracious privilege of presenting to you the 1930 story of life and death among 57,000,000 policyholders in 52 life companies in the United States. We review together how they lived and why 413,000 died in the first ten months of the year.

The thinking people of the nation sit in with us at this review and very much we hope they do. These 57,000,000 assureds are representative of 68,000,000 policyholders in legal reserve companies in the United States, and 68,000,000 is almost 55 per cent of our general population. The insured population is having the record-making mortality rate of 785,785 per hundred thousand on an annual basis. This is 56 less than last year, 56 less deaths per hundred thousand.

Question arises naturally whether the insured death rate is also an index of mortality throughout the country. It is. But the death rate of the general population is higher, a full 40 per cent higher. When 1930 finishes, 1145 deaths per hundred thousand must be expected. Pause, please, for this thought. If the general population rate is 1145, and the insured portion is 785, then the uninsured rate must approximate 1585.

Why should an uninsured group of 100,000 persons have 1585 deaths while 100,000 policyholders have 785? Partly because insured persons are a group selected by the companies for their physical fitness, thereby eliminating the aged and infirm, but largely because insured persons are a self-selected group whose intelligence in self-appraisal for insurance is also demonstrated in their general mode of living. Length of life is a matter of mind as well as body.

II. POTENTIAL

If the general population death rate, 1145, could be reduced to the insured population death rate, 785, the savings in lives would be 360 per hundred thousand, 3600 per million, 443,000 per United States. What a magnificent stake to challenge national effort!

New Zealand, with assorted ages and physiques as in any general population, has its death rate consistently less than 900 per hundred thousand. Australia and Holland are consistently less than 1000 per hundred thousand. So also, Norway, Sweden and Denmark.

Lamentable the truth, we die too soon, we die too often. Our deaths are premature. Many of them might be postponed. Human life salvage is obtainable if we prevent an ailment that causes death; if, the ailment being present, we prevent its fatal termination; and if, recovery having occurred, we prevent other ailments that might kill later. Theoretically, all infections are avoidable. Some, like plague and cholera, have been eradicated. Some, like typhoid and diphtheria, are shown to be controllable. Some, like tuberculosis, appear to be preventable in more than half the cases.

A tabulation of possibly postponable deaths indicates that 39 out of every 100 persons who die this year, might have deferred the Great Adventure. So stupendous a salvage in human lives should stimulate our study, and it does.

Applying this 39 per cent estimate to the half million insured persons who will have died in 1930, what would it mean? Happiness beyond price. Continued opportunity for accomplishment. Increase in our national income. Decrease in insurance cost. If 200,000 persons lived but a single extra year, the national income would increase by $400,000,000, assuming an average of $2,000 per year per person. Additional premiums paid plus added interest received on deferred claim moneys would permit a lesser cost for insurance protection.

Applying this 39 per cent estimate to the general population, the savings in lives would exceed a half million, the savings in contentment would be measureless.

Perhaps some skeptic says it can't be done, we can not salvage human lives in numbers such as these. And he is right. It can not be done—in 1931. But the fact remains that many thousand deaths are indubitably postponable. The only possible dispute is how many—and how soon. If there are preventable deaths, lots of them, we have a job to do. Let's at it!

Big the problem, but simple, this age-long conflict that life and death are waging ever. No sooner are we born than we begin to die. Our destiny is inevitable. Inexorable our fate. But strive we should, and strive we do, against death's day of doom. Life is battle, always has been, always will be. Battle! And being battle, the basic laws of war apply, destroy the enemy, strengthen the defenses. This neverending warfare depends on how we fight the causes of death, how we fortify our bodies.

III. HOSTS OF DEATH

The hosts of death wage ceaseless conflict and take terrific toll. Half a million clients of ours are dying this year. More than 1,400,000 of the general population will have lost the fight in 1930. Yet 1930 has been kindlier than 1929. In every hundred thousand of our policyholders, the deaths are 56 less than last year according to our ten-months' data. Credit 26 to influenza, 16 to pneumonia, six to tuberculosis, five to heart disease, and four to the childhood diseases of meningitis, diphtheria, whooping cough and measles. Credit one to Bright's disease. Credit more than one to general accidents. All in all the credits total 63. Cancer and scarlet fever are holding exactly even with last year, typhoid fever almost so.

Now then, debit seven. Apoplexy gets two extra deaths per hundred thousand. Automobiles another two deaths (1.7), a shameful increase of 8 per cent over last year. It is an illuminating commentary on current times that the other two factors, suicides and homicides, show three extra deaths per hundred thousand. In a ten-month period, 8517 of our 57,000,000 policyholders have killed themselves, 16,543 more than last year. This increase has been greater among policyholders who pay the bigger premiums. Of every hundred thousand in the "Ordinary" class, 30 committed suicide. Last year, 24. In the "Industrial" weekly pay group, the rate this year is ten, last year nine. It is a startling thought that 28 of our clients are choosing to die today; 28, if the law of averages is operating.

In 1930, throughout the nation, we must expect 1,410,000 deaths, a death rate of 1145 per hundred thousand. It does now appear that 1930 will rank second only to 1927 as the healthiest year in our history. The 1927 rate was 1142. We are better off than last year by 47 deaths in every hundred thousand of the general population, and that 47 difference means 58,000 persons that did not die. I wish somebody would lend me some language to talk about 58,000 persons that did not die. A couple of weeks ago I was watching the Army-Notre Dame game in a drizzling rain for three hours, and the radio announcer said "I have a telegram for the assembled multitude." The telegram read this way: "Felicitations to our hundred thousand watching this game. (Signed) Undertakers' Association of America."

It occurs to me we ought to send a telegram to the Undertakers' Association and say: "Felicitations yourself on behalf of 58,000 persons that you did not get."

If we have been thinking of 1930 as a year of troubles and tribulations due to economic factors, let us turn thought to the added happiness we enjoy in a year that has had less of the sorrows of disease and death.

However, year in year out, six outstanding groups of ailments persist in proving their priority prowess as killers. The Big Six of Death, that's what they are. First is heart disease, and first it has been since 1911, one single year excepted, when flu ran rampant in 1918. Second is cancer. Third is kidney disease, closely pressed by apoplexy. Pneumonia drops to fifth place. Last year it was third. Tuberculosis is sixth.

The automobile hazard grows worse and worse, 11,687 policyholders killed in the first ten months this year, which is 8 per cent per hundred thousand more than last year, 25 per cent more than 1928. In the years 1910–15–20–25–30 the automobile death rate (excluding collisions with railroad trains and street cars) has climbed relentlessly from two to six to 10 to 17 to 25 per hundred thousand of our general population, which must expect more than 33,000 fatalities this year if we include collisions with railroad trains and street cars. Our daily quota is 90, 90 unnecessary deaths. Must we wait for 100 deaths a day in 1931, 110 in 1932, before our public consciousness becomes awakened?

Influenza is a temperamental foe. Last year, in ten months, it took 19,014 of us, this year less than 6000. Why? Who knows? Not what we did, rather what flu didn't do. Every now and then influenza goes bersert as in 1918 when it carried off more than 300,000 of our general population, more than 500,000 indeed, inasmuch as most of the pneumonia deaths that year were influenzal.

Tuberculosis used to be our greatest fear. It killed 202 per hundred thousand of our general population in 1900, 160 in 1910, 114 in 1920, and 71 is to be expected this year, the lowest rate on record. Our policyholders are having a rate of 64, seven less than the general population. But let us not be jubilant. There are some cities, Toronto and Hamilton, Ontario, for example, that have kept their rate below 50 for the last six years. Hamilton has not exceeded 40. Some day we shall salvage three-fourths of the 44,000 insured persons, 87,000 general population, who are dying of tuberculosis this year.

Pneumonia gets 64 of us this year, 64 per hundred thousand. Last year 80. Next year may well be more. Yet the trend shows distinct improvement as we compare death rates per hundred thousand in the United States registration area in 1900–10–20–30. They drop from 180 to 148 to 137 to an expected 79 this year. And if 79 seems low to you, think of it as 97,000 deaths—97,000 is a lot of mortality.

Cancer continues to baffle us. It carried off 63 per hundred thousand in the United States in 1900, 76 in 1910, 83 in 1920, and is getting 96 in 1930—118,000 persons. Within our own ranks of 68,000,000 it is taking 50,000 this year, 73 for every hundred thousand. What a field for research!

But heart disease remains the chief of all the causes of death. It is, indeed, comamnder-in-chief, because of so close an alliance with degenerative affairs in arteries and kidneys. The A B C's of death—apoplexy, Bright's disease, cardiac disease—caused 293 deaths in 1900, 334 in 1910, 331 in 1920, and are claiming 385 in 1930—385 per hundred thousand, 474,000 of our general population, almost as many folks as live in Washington, D. C. The insured death rate is 247 instead of 385, but that means 168,000 policyholders (A 34,800, B 43,700, C 89,500). Most of the A B C deaths are in persons past middle age. A wonderful salvage is ours, a splendid savings in matured experience, if we forego intemperate habits of life and avoid infections and intoxications that hurt the heart and arteries and kidneys.

We may do well to put intensive thought on how and what to eat. Three times a day and more, thirty days a month, twelve months a year, we put chemical materials called food into our systems, with little thought how they affect our constitutions. "Why should we coax and hug to our hearts the mortal poisons of strong drink, heating cordials, highly seasoned soups, indigestible meats, to prepare which we fee our enemy the cook for our undoing?" Coronaro Ludovico's comment in 1554 has pertinency today. Countless infants have been killed by faulty diet, countless persons who lack in vigor; more subtly, perhaps, more slowly, countless persons who have thought that they were strong. Conquest in the realm of diet may lead us far in thwarting the A B C's of death.

Valiant work though science has done, the fight has just begun. The millions of lives saved from tuberculosis and typhoid and smallpox and diphtheria shall be our inspiration for saving further millions from heart disease and cancer and Bright's disease and apoplexy.

SEWAGE DISPOSAL PERMIT PENDING

The following application for permission to dispose of sewage will come up for final action at the meeting of the State Board of Public Health to be held in San Francisco March 14, 1931.

Capistrano Beach, Capistrano Beach Sanitary District—To construct and operate a sewer system and sewage treatment plant, including Imhoff tank, sprinkling filter, final sedimentation, with chlorination for odor control and final chlorination for disinfection.

No man can be brave who thinks pain the greatest evil; nor temperate, who considers pleasure the highest good.—*Cicero.*

HEALTH WORKERS TO MEET IN SEATTLE

The second meeting of the newly organized Western Branch of the American Public Health Association will be held in Seattle, Washington, Thursday, Friday and Saturday, May 28 to 30, 1931. Headquarters will be in the Olympic Hotel. Local arrangements are in charge of Dr. E. T. Hanley, City Health Officer of Seattle.

The purpose of the association is to study western health problems and to exchange opinions based upon experience and study to enable western public health workers to maintain better equipment for carrying on their work. The full program of the meeting, in detail, will be published in an early issue of the Weekly Bulletin.

Following are the names of the officers of the Western Branch of the American Public Health Association:

Dr. William C. Hassler, San Francisco, president; Dr. E. T. Hanley, Seattle, vice president; Dr. George Parrish, Los Angeles, vice president; Dr. W. P. Shepard, San Francisco, secretary; Wm. F. Higby, San Francisco, treasurer.

HEALTH OFFICERS RECEIVE APPOINTMENTS

Dr. Wilson Stegeman, on February 1st, succeeded Dr. Frances M. Stump, as Health Officer of Del Norte County. Dr. Stegeman resides at Crescent City.

Dr. Louis J. Lista has succeeded Dr. Chas. Pius as Health Officer of Siskiyou County. Dr. Lista resides at Mount Shasta.

Dr. Robert H. Heaney is City Health Officer of Yreka, having succeeded Dr. Chas. Pius.

Dr. H. J. Havalick is City Health Officer of Calipatria, succeeding Dr. M. C. Blume.

HEALTH SERVICE IS IN LIMELIGHT

The following is reprinted from the Standard, published at Martinez:

''Quite frequently it happens that personages or institutions that mean much in life pass along quietly in their existence, always laboring industriously, accomplishing untold good, and still are given little thought or only passing notice.

The Contra Costa County Health Department falls within that category. Day in and day out, week after week and month after month the director and attaches of that Bureau are on guard to protect the county's health, working ceaselessly, ever vigilant and anxious to correct those evils that may menace the community, sometimes placing themselves open to infection by loathsome disease.

But the light of these organizations and individuals can not always be hidden. Sometime they must come to the fore. And during the past few weeks the county health unit has come decidedly into the limelight and in a manner that could not help but command public attention.

It is only a few days ago that a half dozen cases of smallpox became evident in Crockett. Health Bureau executives and attaches began their work quietly and unostentatiously. When their task had been completed more than 900 students had been vaccinated, 500 townspeople had submitted to the immunizing program and more hundreds employed in a factory that gave wholehearted cooperation to the health service also submitted to medical treatment. If there was threat of an epidemic there it has been stifled effectively.

But the health unit is not ceasing its work. Other communities are being afforded the facilities that the department possesses, other industries are following in the steps of the Crockett manufactory. There is smallpox prevalent in counties about Contra Costa and the health service is on guard. It believes that an ounce of prevention is worth a pound of cure, that the way to prevent disease is to immunize against it.

Too slight, many times, is the consideration that we give to those agencies whose work augurs to public welfare. The health service is one.''

MORBIDITY*

Diphtheria.

Fifty-three cases of diphtheria have been reported, as follows: Berkeley 2, Oakland 2, Fresno County 1, Kern County 1, Los Angeles County 7, Alhambra 2, Long Beach 2, Los Angeles 16, Monterey Park 1, Bell 1, Gardena 1, Orange County 1, Sacramento 5, San Diego 1, San Francisco 5, Burlingame 1, Santa Clara County 1, Solano County 1, Tulare County 2.

Influenza.

Five hundred thirteen cases of influenza have been reported, as follows: Alameda 8, Berkeley 7, Oakland 6, Pleasanton 5, Placerville 2, Fresno 1, Imperial 1, Bakersfield 1, Los Angeles County 37, Alhambra 1, Beverly Hills 1, Burbank 2, Covina 1, El Monte 1, El Segundo 1, Glendale 15, Hermosa 1, Inglewood 2, Long Beach 8, Los Angeles 115, Monrovia 2, Pasadena 5, San Fernando 1, San Marino 1, Santa Monica 3, South Pasadena 5, Lynwood 1, Marin County 5, Mill Valley 1, Sausalito 9, Merced County 2, Salinas 1, Orange County 1, Santa Ana 2, Sacramento 23, San Bernardino 1, San Diego 4, San Francisco 225, Burlingame 2, Stanislaus County 3.

Measles.

Nine hundred ninety-six cases of measles have been reported, as follows: Alameda County 11, Alameda 2, Albany 2, Berkeley 17, Oakland 87, Piedmont 1, Pleasanton 6, San Leandro 6, Colusa 1, Contra Costa County 15, Pittsburg 32, Fresno County 61, Fresno 23, Sanger 7, Selma 7, Glenn County 2, Kern County 3, Bakersfield 16, Kings County 2, Hanford 6, Los Angeles County 27, Alhambra 1, Azusa 1, Beverly Hills 3, Burbank 9, Claremont 5, Glendale 3, Glendora 10, Hermosa 4, Inglewood 17, La Verne 1, Long Beach 15, Los Angeles 108, Manhattan

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*From reports received on February 23, 24 and 25 for week ending February 21.

11, Pasadena 3, Pomona 22, San Marino 2, Whittier 2, South Gate 2, Signal Hill 1, Gardena 1, Monterey County 12, Merced County 2, Orange County 1, Huntington Beach 4, Santa Ana 30, Placentia 5, Tustin 1, Riverside County 28, Riverside 15, Sacramento 1, San Bernardino County 15, Chino 1, Colton 3, San Bernardino 23, San Diego County 40, Chula Vista 8, San Diego 128, San Francisco 9, San Luis Obispo County 14, San Luis Obispo 9, Paso Robles 2, San Mateo 3, Santa Barbara County 1, Lompoc 2, Santa Barbara 1, Santa Maria 4, Mountain View 1, San Jose 1, Santa Cruz County 7, Watsonville 32, Red Bluff 1, Tulare County 15, Dinuba 1, Porterville 10, Ventura 11.

Scarlet Fever.

One hundred twenty-two cases of scarlet fever have been reported, as follows: Alameda 1, Albany 1, Oakland 5, San Leandro 1, Contra Costa County 2, Fresno County 2, Fresno 1, Glenn County 1, Orland 2, Bakersfield 1, Los Angeles County 20, Alhambra 3, Arcadia 1, Glendale 2, Inglewood 1, Long Beach 6, Los Angeles 26, Monrovia 1, San Fernando 1, Santa Monica 1, Torrance 1, Lynnwood 1, South Gate 1, Marin County 1, Grass Valley 1, Anaheim 1, Riverside County 1, Riverside 1, Sacramento 4, San Francisco 2, San Joaquin County 2, Lodi 1, Stockton 2, San Mateo 1, Santa Barbara County 3, Santa Barbara 7, Santa Clara County 2, Watsonville 2, Redding 1, Stanislaus County 2, Tehama County 1, Tulare County 3, Visalia 1, California 1.**

Smallpox.

Sixty-eight cases of smallpox have been reported, as follows: Alameda County 3, Alameda 2, Pleasanton 3, Fresno County 17, Kern County 1, Los Angeles County 8, El Segundo 2, Los Angeles 5, Santa Monica 2, Merced County 1, Santa Ana 1, Tustin 1, San Francisco 1, Daly City 7, Vallejo 1, Mare Island 1, Somona County 2, Stanislaus County 3, Tulare County 5, Porterville 2.

Typhoid Fever.

Ten cases of typhoid fever have been reported, as follows: Oakland 1, Pinole 1, Lassen County 1, Monrovia 1, Sacramento 1, San Francisco 2, Tehama County 1, Dinuba 1, Ventura 1.

Whooping Cough.

Two hundred three cases of whooping cough have been reported, as follows: Alameda 2, Albany 1, Berkeley 15, Oakland 21, Contra Costa County 3, El Centro 1, Fresno County 1, Fresno 2, Los Angeles County 29, Beverly Hills 1, Compton 2, Huntington Park 1, Long Beach 6, Los Angeles 16, Monrovia 1, San Gabriel 3, San Marino 1, Santa Monica 4, Santa Ana 3, Riverside 7, Sacramento 8, San Bernardino 1, San Diego County 1, San Diego 1, San Francisco 24, San Joaquin County 3, Lodi 5, Stockton 7, Tracy 3, Daly City 1, Santa Barbara County 13, Santa Barbara 11, San Jose 2, Sunnyvale 1, Stanislaus County 1, Yolo County 1.

Meningitis (Epidemic).

Six cases of epidemic meningitis have been reported, as follows: Fresno County 1, Kern County 1, Los Angeles County 1, Los Angeles 2, Sacramento 1.

Poliomyelitis.

Six cases of poliomyelitis have been reported, as follows: Humboldt County 1, Los Angeles County 1, Los Angeles 1, Marin County 1, San Anselmo 1, Sausalito 1.

Trichinosis.

San Francisco reported two cases of trichinosis.

Food Poisoning.

San Francisco reported three cases of food poisoning.

**Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending Feb. 21 received by Feb. 24	Week ending			Reports for week ending Feb. 22 received by Feb. 25
	Jan. 31	Feb. 7	Feb. 14		Feb. 1	Feb. 8	Feb. 15	
Actinomycosis	0	1	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	1	0
Chickenpox	588	678	686	738	621	516	556	557
Diphtheria	62	51	56	53	76	63	74	69
Dysentery (Amoebic)	0	4	1	2	2	2	2	0
Dysentery (Bacillary)	1	3	2	5	1	0	1	0
Encephalitis (Epidemic)	1	0	1	0	3	1	0	1
Erysipelas	21	22	25	29	22	24	22	15
Food Poisoning	0	0	4	3	34	0	100	0
German Measles	15	15	18	22	61	55	24	18
Gonococcus Infection	126	145	191	162	115	129	90	93
Hookworm	0	0	0	0	0	1	0	0
Influenza	188	254	308	513	56	63	76	34
Jaundice (Epidemic)	0	0	0	0	0	2	0	0
Leprosy	0	0	1	0	0	0	1	0
Malaria	0	1	0	1	1	1	0	1
Measles	558	765	992	996	991	1,013	1,029	1,151
Meningitis (Epidemic)	5	12	9	6	10	12	8	9
Mumps	261	280	286	306	649	793	644	800
Ophthalmia Neonatorum	0	1	0	0	1	0	0	0
Paratyphoid Fever	0	0	0	1	1	1	1	1
Pellagra	0	0	1	0	2	1	0	1
Pneumonia (Lobar)	90	83	68	46	206	106	108	72
Poliomyelitis	7	8	6	6	7	0	1	0
Rabies (Animal)	26	23	22	13	21	17	14	8
Scarlet Fever	172	141	156	122	367	369	292	263
Smallpox	133	74	66	68	143	129	122	97
Syphilis	161	232	248	244	146	207	135	140
Tetanus	1	0	0	1	2	0	1	2
Trachoma	3	13	2	4	3	4	2	1
Trichinosis	1	1	1	2	4	6	3	2
Tuberculosis	269	288	235	166	184	217	254	175
Tularemia	0	0	0	0	2	0	0	0
Typhoid Fever	8	5	15	10	7	7	12	7
Undulant Fever	2	2	1	0	2	1	2	3
Whooping Cough	156	174	171	203	102	158	167	110
Totals	2,854	3,276	3,572	3,722	3,842	3,898	3,742	3,630

Chickenpox, measles and mumps continue on their high levels.

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Influenza jumped up to more than 500 reported cases last week.

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Two cases of trichinosis were reported.

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Whooping cough is more prevalent than is usual at this season.

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